# 1150000777773

(Re	equestor's Name)	
, (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only

EFFECTIVE DATE OF 101 15



100267250681

100267250661 12/31/14--01010--019 \*\*335.00

2014 DEC 31 PM 1: 15

JAN 14 2015 D. BRUCE

#### **COVER LETTER**

TO:	Registration S Division of Co							
SUBJ	FCT: EZI RE	ALTY, EL INC .						
5 <b>C D</b> 0		(Name	of Resulting Florida	Limite	d Company)			
					d fees are submitted to coccordance with s. 605.104		ner	
· Please	e return all corre	espondence concerning	g this matter to:					
SALI	T COHEN			_				
		(Contact Person)						
EZIF	REALTY, INC		<u> </u>	_				
		(Firm/Company)						
9350	FOX TROT L			_				
		(Address)						
BOC	A RATON, FL	. 33496		_				
	((	City, State and Zip Code)		_				
	T18@YAHOC			_				
E-r	nail Address: (to b	e used for future annual re	port notifications)					
For fi	irther information	on concerning this ma	tter, please call:				23	
SALI	T COHEN		_at ( <u>56</u> 1	451	-5455	25-25 25-25 20-50	1 E 330 MBS	7
	(Name of Conta	ict Person)	(Area Code	) (Day	ytime Telephone Number)	15 S	<del>ب</del>	Allicia State
Enclo	sed is a check f	for the following amou	ınt:			: m	- 8	
(\$25 fc & \$12:	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	STATE		Tank Carlo
	EET ADDRES	S:			ADDRESS: Section			
Divis	ion of Corporat	ions	Divisio	on of C	Corporations			
	n Building	on Cinala	P. O. E					
2001	Executive Cent	er Circle	i ailah	assee,	FL 32314			

INHS11 (02/14)

Tallahassee, FL 32301

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

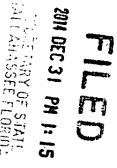
### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of EZI REALTY INC	of Conver	sion is	i:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a S-CORP 03000 34994.			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of FLORIDA			
04/18/2013 (Enter state, or if a non-U.S. entity, the nar	ne of the co	untry)	
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Orga	nizati	on:
EZI REALTY, LLC			
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date: <u>01-01-15</u> .  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	me as the		
5. The plan of conversion has been approved in accordance with all applicable statutes.	22 or 22 or 24 or 24 or	2014 D	
Page 1 of 2	HASSEE FI	DEC 31 PM	
	STATE	<del></del>	U

EFFECTIVE DATE\_01/01/15

Signed this 1st day of DECEMBER	20_ <u>14</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: SALIT COHEN	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: Printed Name: SALIT COHEN	Title: INCORPORATOR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	,
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
EZI REALTY, LLC (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "L.L.C."	
ARTICLE II - Address: The mailing address and street address of the pri		
Principal Office Address:	Mailing Address:	
9350 FOX TROT LANE BOCA RATON, FL 33496	67-10B 136TH STRE FLUSHING, NY 1136	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
SALIT COHEN		
Name		
9350 FOX TROT LANE Florida street address (P.O.	Box NOT acceptable)	
BOCA RATON	FL 33496	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby ac ty. I further agree to comp erformance of my duties, a	cept the appointment as bly with the provisions of all and I am familiar with and for in Chapter 605, F.S.
Registered Agent's Signa	ature (REQUIRED)	THE DEC 3
(CONTINU		RY OF STA
Page 1 of		

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	SALIT COHEN 67-10B 136TH STREET
	FLUSHING, NY 11367
	<del></del>
LE V: Effective date, if other that ffective date is listed, the date m	the date of filing:OI/OI/15 (OPTIONAL) ust be specific and cannot be more than five business days
(Use attachment if necessary)  CLE V: Effective date, if other than effective date is listed, the date me days after the date of filing.)  CLE VI: Other provisions, if any.	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
LE V: Effective date, if other than ffective date is listed, the date me days after the date of filing.)	the date of filing:OI/OI/15 (OPTIONAL) ust be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date me days after the date of filing.)	the date of filing:OI/OI/15 (OPTIONAL) ust be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date me days after the date of filing.) CLE VI: Other provisions, if any.	n the date of filing:OI/OI/15 (OPTIONAL) ust be specific and cannot be more than five business days
LE V: Effective date, if other than ffective date is listed, the date med days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	nber or an authorized representative of a member.
LE V: Effective date, if other than ffective date is listed, the date med days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men accordance with section 605.020	nber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a men accordance with section 605.020 astitutes an affirmation under the may aware that any false information.	nber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a men accordance with section 605.020 astitutes an affirmation under the may aware that any false information.	nber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a men accordance with section 605.020 mentitutes an affirmation under the maware that any false information astitutes a third degree felony as p	nber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of States rovided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a men accordance with section 605.020 astitutes an affirmation under the may aware that any false information.	nber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a men accordance with section 605.020 mentitutes an affirmation under the maware that any false information astitutes a third degree felony as p	nber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of States rovided for in s.817.155, F.S.)

Page 2 of 2

**ARTICLE IV-**